

## PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

29156

7590

04/13/2004

BELL, BOYD & LLOYD LLC  
 P. O. BOX 1135  
 CHICAGO, IL 60690-1135



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Renee Street</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>June 29, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/018,820	03/12/2002	Jingping Liu	112703-217	2110

TITLE OF INVENTION: INGESTIBLE AND DEGRADABLE CHEWING GUM INCLUDING ENZYMATIC HYDROLYSATES OF PROTEINS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/13/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CORBIN, ARTHUR L	1761	426-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Bell, Boyd &**2 **Lloyd LLC**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Wm. Wrigley Jr. Company****Chicago, Illinois**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies **3**

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-1818** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *[Signature]*

(Date)

**June 29, 2004**

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/06/2004 GWORDF2 00000076 10018820

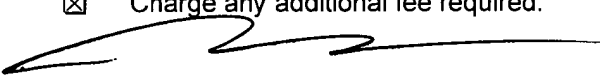
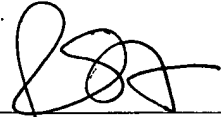
01 FC:1501

02 FC:8001

1330.00 OP

9.00 OP

TRANSMIT THIS FORM WITH FEE(S)

<b>TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)</b> (37 C.F.R. 1.311)			Docket No. 112703-217	
Applicant(s): Liu et al.				
Serial No. 10/018,820	Filing Date March 12, 2002	Examiner A. Corbin	Group Art Unit 1761	Confirmation No. 2110
Invention: <b>INGESTIBLE AND DEGRADABLE CHEWING GUM INCLUDING ENZYMATIC HYDROLYSATES OF PROTEINS</b>				
<b>Mail Stop Issue Fee</b> <b>TO THE COMMISSIONER FOR PATENTS</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>				
Transmitted herewith are the following for the above-identified application.				
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85				
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1330.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____				
<input type="checkbox"/> Publication Fee: _____				
<input checked="" type="checkbox"/> A check in the amount of <u>\$1,339.00</u> is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-1818</u> as described below.				
<input type="checkbox"/> Charge the amount of _____				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional fee required.				
 _____ <i>Signature</i>			Dated: <b>June 29, 2004</b>	
<b>Robert M. Barrett (30,142)</b> <b>ATTORNEYS FOR APPLICANTS</b> <b>Bell, Boyd &amp; Lloyd LLC</b> <b>P.O. Box 1135</b> <b>Chicago, Illinois 60690-1135</b>				
CC:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>Certificate of Transmission by Facsimile</b></p> <p style="text-align: center;">This certificate may only be used if paying by deposit account.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. _____)            _____            Date         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           _____            Signature         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           _____            Typed or Printed Name of Person Signing Certificate         </div> </div> <div style="width: 45%;"> <p style="text-align: center;"><b>Certificate of Mailing by First Class Mail</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           I certify that this document and fee is being deposited on <u>6/29/2004</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             _____            Signature of Person Mailing Correspondence         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Renee Street</b>            _____            Typed or Printed Name of Person Mailing Correspondence         </div> </div> </div>				